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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 9603

SERIAL NUMBER 09/425,471	FILING DATE 10/22/1999  RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. FDC-0136-PUS	
<b>APPLICANTS</b> JULIE A. GESCHWENDER, OMAHA, NE; MICHELE MURPHY-HOUSER, OMAHA, NE;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/105,611 10/26/1998  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/15/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Examiner's Signature Initials		STATE OR COUNTRY NE	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
<b>ADDRESS</b> 22045 BROOKS & KUSHMAN 1000 TOWN CENTER 22ND FL SOUTHFIELD, MI 48075					
<b>TITLE</b> SYSTEM AND METHOD FOR DETECTING PURCHASING CARD FRAUD					
FILING FEE RECEIVED 886	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/425,471	FILING DATE 10/22/99	CLASS 705	GROUP ART UNIT 2767	ATTORNEY DOCKET NO. FDC-0136-PUS
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APPLICANT JULIE A. GESCHWENDER, OMAHA, NE; MICHELLE MURPHY-HOUSER, OMAHA, NE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/105,611 10/26/98

PP yes

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

PP no

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

PP no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NE	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>PP</u> Examiner's Initials Initials					

ADDRESS	PAUL M SCHWARTZ BROOKS & KUSHMAN P C 1000 TOWN CENTER 22ND FL SOUTHFIELD MI 48075-1351
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TITLE	SYSTEM AND METHOD FOR DETECTING PURCHASING CARD FRAUD
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FILING FEE RECEIVED \$868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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